Vision for the Future

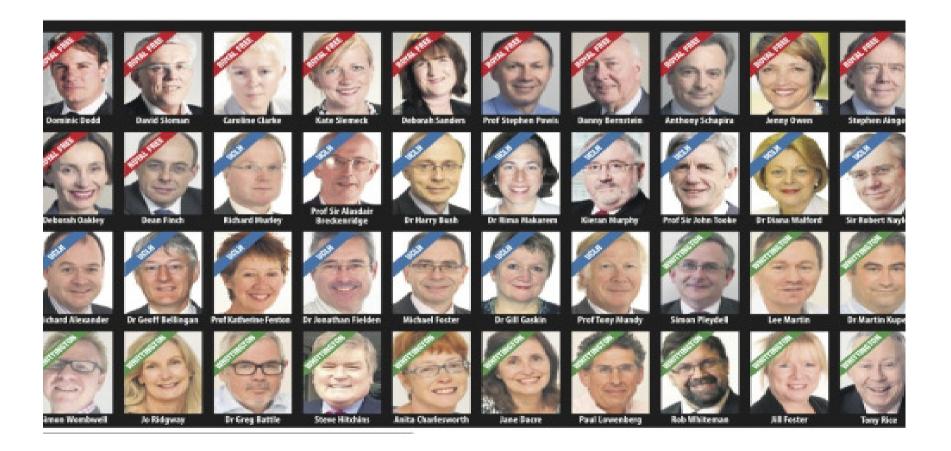**Why we are consulting on the NHS Workforce Race Equality Standard**

Welcome and plan for the session

➢ Welcome and purpose of the session (10 mins)
➢ Background research and case for looking at 'race and workforce' (10 mins)
➢ Group exercise & facilitated feedback – is there a need for a mandatory WRES? (20 mins)
➢ The case for measurement and the proposed WRES metrics (7 mins)
➢ Group exercise &facilitated feedback – is this the right approach? Are these the right metrics? (20 mins)
➢ Other work happening on equality (5 mins)
➢ The Equality Delivery System – EDS2 (12 mins)
➢ Group exercise & facilitated feedback – challenges/positives of the EDS? Should EDS2 be made mandatory? (20 mins)
➢ Summing up and next steps (10 mins)

Who?

NHS England

"The Snowy White Peaks" found…

- 1 in 40 chairs and no CEO in London is BME

- 17 of 40 Trusts have all white Boards but over 40% of workforce and patients are BME

- Decrease in BME Board members

- No BME exec directors in Monitor, CQC, NHSTDA, NHS England, NHSLA, HEE

- Decrease in BME senior managers and nurse managers in recent years

The treatment of staff.

- White staff 1.74 times more likely to be appointed once shortlisted than are shortlisted BME staff (Kline 2013)

- BME staff twice as likely to enter disciplinary process and more likely to be disciplined for similar offences (Archibong et al 2010)

- Black nurses take 50% longer to be promoted (RCN) and are less likely to access national training courses (NHSLA)

Staff survey confirms what the workforce

	W%	BME %
• Key Finding 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	• 28	29
• Key Finding 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	• 21	26
• Key Finding 27. Percentage believing that trust provides equal opportunities for career progression or promotion	• 90	77
• Key Finding 28. Percentage of staff experiencing discrimination at work in the last 12 months	• 9	25

Example: Is this a serious problem?

	Shortlisted	Appointed
White	78%	86%
BME	22%	14%

Six reasons why workforce race

- Prevents patients getting best staff
- Impact diverts resources from patient care
- Discrimination makes staff ill
- How staff are cared for impacts on care they provide
- Diversity improves innovation + teamwork
- Unrepresentative Boards less likely to provide patient focussed care

If those who care are not cared for, then all

- *"The staff survey item that was most consistently strongly linked to patient survey scores was discrimination, in particular discrimination on the basis of ethnic background. This was calculated as a proportion of staff from a black or minority ethnic (BME) background who reported they had experienced discrimination at work in the previous 12 months on the basis of their ethnic background"*

- *Dawson (2009)* Does the experience of staff working in the NHS link to the patient experience of care?

If those who care are not cared for, then

- An established link between the treatment of BME staff and the care patients receive.

- *"Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS.*

- *"Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received".*

  NHS Staff Management and Health Service Quality Results   from the NHS Staff Survey and Related Data West, M et al,(2012)

Data and discourse

- In other NHS challenges we

  ➢ **collect and analyse the data,**

  ➢ **listen to patients and staff,**

  ➢ **find good practice,**

  ➢ **take action, monitor and learn**

- The best employers accept there is a problem and are trying to do the same on workforce race inequality but too many have not yet done so

- Not all Boards understand the **business case** is now driven by patient care

Exercise 1

- **Is there a need to make mandatory a Workforce Race Equality Standard?**

The lessons of the last decade

- Despite the 2004 Race Equality Action Plan we are no further forward

- Until now we've relied on a localised "good will and encouragement" strategy.

- Athena Swann example

- Evidence is we need a system wide strategy that

  ➢ encourages and supports but

  ➢ also requires

  ➢ without setting central targets

  ➢ But has measurable outcomes

NHS Workforce Race Equality Standard

- Uses key indicators as measures of progress

- Complements existing systems including EDS2 - little additional work

- Expects progress on closing metrics between white and BME experience and treatment

- Best Trusts already making progress but all Trusts will be required to

- Mix of commissioning and regulator roles

- Benchmarked transparent data

Possible workforce indicators

- % BME staff in Bands 8-9 compared with overall workforce
- Relative likelihood of BME staff being recruited from shortlisting
- Relative likelihood of BME staff entering the disciplinary process
- Relative likelihood of BME staff access non mandatory training and CPD

Possible staff survey indicators

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Percentage believing that trust provides equal opportunities for career progression or promotion
- Percentage of staff experiencing discrimination at work in the last 12 months

Who is responsible for what?

- NHS England will help focus commissioners
- Employers must focus on measurable improvement
- Regulators will check on "well led" domain
- Professional leaders and professional bodies
- Trade unions must be proactive
- We must all share good practice and ensure the "business case" is well understood

Issues to consider

- Is it right to focus more on race equality for 2015-16
- What is being done for the other equality strands?
- Will the private/3rd sectors be included
- What about NHS England, regulators and CCGs?
- Will there be national targets?
- Not just an urban issue
- What preparation is needed?

Exercise 2

- **Is this the right approach?**

- **Are these the right metrics?**

Process

- September: Informal stakeholder consultation

- October: Formal consultation

- April 2015:   Agreed approach introduced and
                support, resources, benchmarking ongoing

- April 2016:   Regulators involved

Other equality initiatives

- The Snowy White Peaks has highlighted the need for action on race equality.

- But we intend that this approach on race equality will lead to more robust efforts on all equality strands.

- Work on some new initiatives already agreed and starting in parallel.

The Equality Delivery System for the NHS

- EDS launch and independent evaluation: learning leading to EDS2

- Local adaption actively encouraged

- 18 outcomes grouped into 4 goals
  - ➤ Better health outcomes for all
  - ➤ Improved patient access and experience
  - ➤ Representative and supportive workforce
  - ➤ Inclusive leadership

EDS2 and alignment with policy levers

- Importance of system alignment – embedding the minimum number of levers that cover the majority of NHS business for commissioners and providers

- EDS2 18 outcomes relate to issues that matter to people who use, and work in, the NHS. Flexibility for local adaptation re: wording

- Among other things they support the themes of, and help deliver on, the NHS Outcomes Framework, and the NHS Constitution

  ➢ **CCG Assurance Framework**

  ➢ **CQC's inspection regime (5 key questions / Handbooks)**

  ➢ **TDA's Planning Guidance for NHS Boards**

  ➢ **Public Sector Equality Duty**

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Take up of the EDS/EDS2

Survey of all NHS organisations carried out during July 2014 indicated that in England:

- 99% of all CCGs were using the EDS/EDS2

- 93% of all NHS providers were using the EDS/EDS2

Uptake figure for NHS providers was verified by examining the websites of all NHS provider organisations during September 2014.

System alignment and successful implementation of EDS key factors for high uptake rates across the country.

Good implementation and outcomes

- Engagement with local stakeholders – 9 characteristics

- Verification of grading

- Embedding equality (Goals) across the organisation

- Improvements in access to health care services for hard-of-hearing people (County Durham and Darlington NHS FT)

- Improved access to cancer screening for the Learning Disabled community (Derbyshire Healthcare NHS FT)

- Improving access to services for visually impaired patients (Blackpool CCG)

- Improving access to health care services for homeless people and the Roma community (Derby Hospitals)

Good outcomes cont.

- Setting up of a 'Local Public Equality Delivery Partnership' improving maternity services through patient engagement (East Lancashire CCG)

- Development of a 'Flexible Working Policy' (Derbyshire Healthcare NHS FT)

- Reduction in BME disciplinary action by 50% (Southern Healthcare)

- Recruitment of people with Learning Disabilities within the NHS workforce (South Devon Healthcare NHS FT)

- Establishment of a 'Staff & Community Gender Identity Network' (Newcastle Upon Tyne NHS FT)

Next steps…

NHS England will:

- Collate and share good practice via the national EDS Dashboard and offer on-going support
- Roll-out the EDS2 Easy Read
- Implement EDS2 itself as an organisation
- Support other (national) organisations to do the same (HEE already implementing the EDS2)
- Recommended EDS2 theme for 2015/16: *'workforce race equality' ? (TBC)*
- Keep the EDS under review to ensure it is a force for good

Exercise 3

- **The positives and challenges of implementing the EDS/EDS2**

- **Should EDS2 be made mandatory**

What organisations need to do

- Respond to consultation from informed position – more resources on way

- Audit own data and analyses and ensure they are published

- Listen to BME staff

- Share good practice and be open about shortcomings – what can be learnt from EDS2 evidence, past Workforce Diversity reports etc

- Start to identify priorities

- Do this work in social partnership

Webinar on this topic

21 October 2014, 10:00 – 11:30

http://www.eventbrite.co.uk/e/workforce-race-equality-standard-engagement-event-webinar-tickets-13627637631

It's time for a degree of urgency

"I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin, but by the content of their character."

Martin Luther King Jnr